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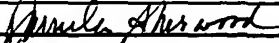


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Don Se...  
PTO/SB/05 (05-03)

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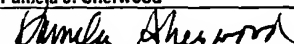
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|---|--|---|--|--|--------------------|--|--|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br>(Only for new nonprovisional applications under 37 CFR 1.53(b))  |  | Attorney Docket No.   |  | CELL-026   |                    |  |  |
|   |  | First Inventor  |  | LI et al.  |                    |  |  |
|   |  | Title   | IMPROVED ADENOVIRUS PACKAGING CELL LINES |  |                    |  |  |
|   |  | Express Mail Label No.  |  | EV334000440US  |                    |  |  |
| <b>APPLICATION ELEMENTS</b><br><br>SEE MPEP chapter 600 concerning utility patent application contents.   |  |   |  | <b>ADDRESS TO:</b><br>Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, DC 20231 |                    |  |  |
| <div><div><div>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br/><small>(Submit an original and a duplicate for fee processing)</small></div><div>2. <input checked="" type="checkbox"/> Applicant claims small entity status.<br/>See 37 CFR 1.27.</div><div>3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages: 31]</span><br/><small>(preferred arrangement set forth below)</small><br/>-Descriptive title of the invention<br/>-Cross Reference to Related Applications<br/>-Statement Regarding Fed sponsored R &amp; D<br/>-Reference to sequence listing, a table,<br/>or a computer program listing appendix<br/>-Background of the Invention<br/>-Brief Summary of the Invention<br/>-Brief Description of the Drawings (if filed)<br/>-Detailed Description<br/>-Claim(s)<br/>-Abstract of the Disclosure</div><div>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[Total Pages: 4]</span></div><div>5. Oath or Declaration <span style="float: right;">[Total Pages: 5]</span><br/>a. <input checked="" type="checkbox"/> Newly executed (original or copy)<br/>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d))<br/><small>(for continuation/divisional with Box 18 completed)</small><br/>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/><small>Signed statement attached deleting inventor(s)<br/>Named in the prior application, see 37 CFR<br/>1.63(d)(2) and 1.33(b)</small></div><div>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</div></div><div><div>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or<br/>Computer Program <i>(Appendix)</i></div><div>8. Nucleotide and/or Amino Acid Sequence Submission<br/><i>(if applicable, all necessary)</i><br/>a. <input checked="" type="checkbox"/> Computer Readable Form (CRF)<br/>b. Specification Sequence Listing on:<br/>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or<br/>ii. <input checked="" type="checkbox"/> paper<br/>c. <input checked="" type="checkbox"/> Statements verifying identity of above copies</div></div></div> |  |   |  |  |                    |  |  |
| <b>ACCOMPANYING APPLICATION PARTS</b>   |  |   |  |  |                    |  |  |
| <div>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; documents(s))</div> <div>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney<br/><small>(when there is an assignee)</small></div> <div>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></div> <div>12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Citations<br/>Statement (IDS)/PTO-1449</div> <div>13. <input type="checkbox"/> Preliminary Amendment</div> <div>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/><small>(Should be specifically itemized)</small></div> <div>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/><small>(if foreign priority is claimed)</small></div> <div>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122<br/>(b)(2)(B)(i). Applicant must attach form PTO/SB/35<br/>or its equivalent.</div> <div>17. <input type="checkbox"/> Other: _____</div>   |  |   |  |  |                    |  |  |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:<br><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: filed<br><br>Prior application information: Examiner: _____ Group Art Unit: _____<br>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.  |  |   |  |  |                    |  |  |
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| <input checked="" type="checkbox"/> Customer Number or Bar Code Label   |  | <br><small>(Insert Customer No. or Attach bar code label here)</small> |  | or <input type="checkbox"/> Correspondence address below   |                    |  |  |
| Name  |  | BOZICEVIC, FIELD & FRANCIS LLP  |  |  |                    |  |  |
| Address   |  | 200 Middlefield Road, Suite 200   |  |  |                    |  |  |
| City  |  | Menlo Park  | State                                    | California   | Zip Code 94025     |  |  |
| Country   |  | United States of America  | Telephone                                | (650) 327-3400   | Fax (650) 327-3231 |  |  |
| Name  |  | Pamela J. Sherwood  |  | Registration No. (Attorney/Agent) 36,677   |                    |  |  |
| Signature   |  |    |  | Date July 3, 2003  |                    |  |  |

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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|---|---|---|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------|----------|---------------|------------------------|--------------------|-----|-------------------------------------|-----|-----------------------------------|------|-------------------|------|--|---------------------------------------|------|-----|------------------|-----|--|------|------|-------|--------------------|--|--|-----|------|------|------------------------|------|---|--|------|--------|------|------------|---|--|------|-----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-----|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------------|--|--|--|--|--|---|--|--|--|--|--|--------------------------|--|--|--|--|--|
| Effective 01/01/2003. Patent fees are subject to annual revision.   |   | Application Number  |                       |  |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
|   |   | Filing Date   | Herewith (07-03-2003) |  |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
|   |   | First Named Inventor  | FARSON, DEBBIE        |  |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
|   |   | Examiner Name   |                       |  |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |   | Art Unit  |                       |  |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| TOTAL AMOUNT OF PAYMENT   | (\$) <b>402</b>   | Attorney Docket No.   | CELL-026              |  |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| METHOD OF PAYMENT (check all that apply)  |   | FEE CALCULATION (continued)   |                       |  |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number <b>50-0815</b><br>Deposit Account Name <b>Bozicevic, Field &amp; Francis LLP</b><br><b>The Commissioner authorized to: (check all that apply)</b><br><input checked="" type="checkbox"/> Charge fees indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fees indicated below, except for the filing fee to the above-identified deposit account.   |   | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width: 100%; font-size: 0.8em;"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examination action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,450</td><td>2254</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>1,970</td><td>2255</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,300</td><td>2453</td><td>650</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,300</td><td>2501</td><td>650</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>470</td><td>2502</td><td>235</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>630</td><td>2503</td><td>315</td><td>Plant issue fee</td><td></td></tr> <tr><td>1406</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809</td><td>750</td><td>2809</td><td>375</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>750</td><td>2810</td><td>375</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>750</td><td>2801</td><td>375</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="6">Other fee (specify) _____</td></tr> <tr><td colspan="6" style="text-align: right;"><b>Reduced by Basic Filing Fee Paid</b></td></tr> <tr><td colspan="6" style="text-align: right;"><b>SUBTOTAL (3) (\$)</b></td></tr> </tbody> </table> |                       | Large Entity Fee Code  | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid | 1051          | 130                    | 2051               | 65  | Surcharge - late filing fee or oath |     | 1052                              | 50   | 2052              | 25   | Surcharge - late provisional filing fee or cover sheet |                                       | 1053 | 130 | 1053             | 130 | Non-English specification                          |      | 1812 | 2,520 | 1812               | 2,520  | For filing a request for <i>ex parte</i> reexamination |     | 1804 | 920* | 1804                   | 920* | Requesting publication of SIR prior to Examination action |  | 1805 | 1,840* | 1805 | 1,840*     | Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 410 | 2252 | 205 | Extension for reply within second month |  | 1253 | 930 | 2253 | 465 | Extension for reply within third month |  | 1254 | 1,450 | 2254 | 725 | Extension for reply within fourth month |  | 1255 | 1,970 | 2255 | 985 | Extension for reply within fifth month |  | 1401 | 320 | 2401 | 160 | Notice of Appeal |  | 1402 | 320 | 2402 | 160 | Filing a brief in support of an appeal |  | 1403 | 280 | 2403 | 140 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,300 | 2453 | 650 | Petition to revive - unintentional |  | 1501 | 1,300 | 2501 | 650 | Utility issue fee (or reissue) |  | 1502 | 470 | 2502 | 235 | Design issue fee |  | 1503 | 630 | 2503 | 315 | Plant issue fee |  | 1406 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 750 | 2809 | 375 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 1810 | 750 | 2810 | 375 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 1801 | 750 | 2801 | 375 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | <b>Reduced by Basic Filing Fee Paid</b> |  |  |  |  |  | <b>SUBTOTAL (3) (\$)</b> |  |  |  |  |  |
| Large Entity Fee Code   | Large Entity Fee (\$)   | Small Entity Fee Code   | Small Entity Fee (\$) | Fee Description  | Fee Paid              |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1051  | 130   | 2051  | 65                    | Surcharge - late filing fee or oath  |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1052  | 50  | 2052  | 25                    | Surcharge - late provisional filing fee or cover sheet                     |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1053  | 130   | 1053  | 130                   | Non-English specification  |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1812  | 2,520   | 1812  | 2,520                 | For filing a request for <i>ex parte</i> reexamination                     |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1804  | 920*  | 1804  | 920*                  | Requesting publication of SIR prior to Examination action                  |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1805  | 1,840*  | 1805  | 1,840*                | Requesting publication of SIR after Examiner action                        |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1251  | 110   | 2251  | 55                    | Extension for reply within first month                                     |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1252  | 410   | 2252  | 205                   | Extension for reply within second month                                    |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1253  | 930   | 2253  | 465                   | Extension for reply within third month                                     |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1254  | 1,450   | 2254  | 725                   | Extension for reply within fourth month                                    |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1255  | 1,970   | 2255  | 985                   | Extension for reply within fifth month                                     |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1401  | 320   | 2401  | 160                   | Notice of Appeal   |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1402  | 320   | 2402  | 160                   | Filing a brief in support of an appeal                                     |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1403  | 280   | 2403  | 140                   | Request for oral hearing   |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1451  | 1,510   | 1451  | 1,510                 | Petition to institute a public use proceeding                              |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1452  | 110   | 2452  | 55                    | Petition to revive - unavoidable   |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1453  | 1,300   | 2453  | 650                   | Petition to revive - unintentional   |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1501  | 1,300   | 2501  | 650                   | Utility issue fee (or reissue)   |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1502  | 470   | 2502  | 235                   | Design issue fee   |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1503  | 630   | 2503  | 315                   | Plant issue fee  |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1406  | 130   | 1460  | 130                   | Petitions to the Commissioner  |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1807  | 50  | 1807  | 50                    | Processing fee under 37 CFR 1.17(q)  |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1806  | 180   | 1806  | 180                   | Submission of Information Disclosure Stmt                                  |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 8021  | 40  | 8021  | 40                    | Recording each patent assignment per property (times number of properties) |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1809  | 750   | 2809  | 375                   | Filing a submission after final rejection (37 CFR § 1.129(a))              |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1810  | 750   | 2810  | 375                   | For each additional invention to be examined (37 CFR § 1.129(b))           |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1801  | 750   | 2801  | 375                   | Request for Continued Examination (RCE)                                    |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1802  | 900   | 1802  | 900                   | Request for expedited examination of a design application                  |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| Other fee (specify) _____   |   |   |                       |  |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| <b>Reduced by Basic Filing Fee Paid</b>   |   |   |                       |  |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| <b>SUBTOTAL (3) (\$)</b>  |   |   |                       |  |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| FEE CALCULATION   |   |   |                       |  |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| <b>1. BASIC FILING FEE</b><br><table border="1" style="width: 100%; font-size: 0.8em;"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001</td><td>750</td><td>2001</td><td>375</td><td>Utility filing fee</td><td>375</td></tr> <tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>520</td><td>2003</td><td>260</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td><td><b>375</b></td></tr> </tbody> </table> |   | Large Entity Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code  | Small Entity Fee (\$) | Fee Description       | Fee Paid              | 1001            | 750      | 2001          | 375                    | Utility filing fee | 375 | 1002                                | 330 | 2002                              | 165  | Design filing fee |      | 1003   | 520                                   | 2003 | 260 | Plant filing fee |     | 1004   | 750  | 2004 | 375   | Reissue filing fee |  | 1005   | 160 | 2005 | 80   | Provisional filing fee |      | <b>SUBTOTAL (1)</b>                                       |  |      |        |      | <b>375</b> |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| Large Entity Fee Code   | Large Entity Fee (\$)   | Small Entity Fee Code   | Small Entity Fee (\$) | Fee Description  | Fee Paid              |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1001  | 750   | 2001  | 375                   | Utility filing fee   | 375                   |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1002  | 330   | 2002  | 165                   | Design filing fee  |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1003  | 520   | 2003  | 260                   | Plant filing fee   |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1004  | 750   | 2004  | 375                   | Reissue filing fee   |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1005  | 160   | 2005  | 80                    | Provisional filing fee   |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| <b>SUBTOTAL (1)</b>   |   |   |                       |  | <b>375</b>            |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><table border="1" style="width: 100%; font-size: 0.8em;"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Total Claims</td><td>23</td><td>-20** = 3 x 9</td><td>= 27</td></tr> <tr><td>Indep. Claims</td><td>3</td><td>-3** = 0 x</td><td>=</td></tr> <tr><td>Multiple Dependent</td><td></td><td></td><td>=</td></tr> </tbody> </table>  |   |   | Extra Claims          | Fee from below   | Fee Paid              | Total Claims          | 23                    | -20** = 3 x 9   | = 27     | Indep. Claims | 3                      | -3** = 0 x         | =   | Multiple Dependent                  |     |                                   | =    |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
|   | Extra Claims  | Fee from below  | Fee Paid              |  |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| Total Claims  | 23  | -20** = 3 x 9   | = 27                  |  |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| Indep. Claims   | 3   | -3** = 0 x  | =                     |  |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| Multiple Dependent  |   |   | =                     |  |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| <table border="1" style="width: 100%; font-size: 0.8em;"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (2) \$ 27</b></td></tr> </tbody> </table>          |   | Large Entity Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code  | Small Entity Fee (\$) | Fee Description       | 1202                  | 18              | 2202     | 9             | Claims in excess of 20 | 1201               | 84  | 2201                                | 42  | Independent claims in excess of 3 | 1203 | 280               | 2203 | 140  | Multiple dependent claim, if not paid | 1204 | 84  | 2204             | 42  | ** Reissue independent claims over original patent | 1205 | 18   | 2205  | 9                  | ** Reissue claims in excess of 20 and over original patent | <b>SUBTOTAL (2) \$ 27</b>                              |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| Large Entity Fee Code   | Large Entity Fee (\$)   | Small Entity Fee Code   | Small Entity Fee (\$) | Fee Description  |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1202  | 18  | 2202  | 9                     | Claims in excess of 20   |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1201  | 84  | 2201  | 42                    | Independent claims in excess of 3  |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1203  | 280   | 2203  | 140                   | Multiple dependent claim, if not paid                                      |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1204  | 84  | 2204  | 42                    | ** Reissue independent claims over original patent                         |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| 1205  | 18  | 2205  | 9                     | ** Reissue claims in excess of 20 and over original patent                 |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| <b>SUBTOTAL (2) \$ 27</b>   |   |   |                       |  |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| **or number previously paid, if greater; For Reissues, see above.   |   |   |                       |  |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| SUBMITTED BY  |   | Complete (if applicable)  |                       |  |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| Name (Print/Type)   | Pamela J. Sherwood  | Registration No. (Attorney/Agent)   | 36,677                |  |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
| Signature   |  | Telephone   | (650) 327-3400        |  |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |
|   |   | Date  | 07/03/2003            |  |                       |                       |                       |                 |          |               |                        |                    |     |                                     |     |                                   |      |                   |      |  |                                       |      |     |                  |     |  |      |      |       |                    |  |  |     |      |      |                        |      |   |  |      |        |      |            |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                          |  |  |  |  |  |

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